

JAN 17 2008

PTO/SB/21 (01-08)

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission 2

Application Number 09/545,991

Filing Date 04/10/2000

First Named Inventor Freeman

Art Unit 3622

Examiner Name Myhre, James

Attorney Docket Number 70764.01

ENCLOSURES (Check all that apply)

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|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form
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<input type="checkbox"/> Amendment/Reply
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<input type="checkbox"/> Affidavits/declaration(s)
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(Appeal Notice, Brief, Reply Brief)
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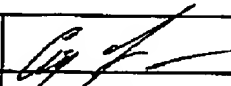
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Craig Freeman		
Date	01/17/2008	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Craig Freeman	Date	01/17/2008

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JAN 17 2008

PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/545,991
Filing Date	04/10/2000
First Named Inventor	Freeman
Art Unit	3622
Examiner Name	Myhre, James
Attorney Docket Number	70764.02

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 22509☐ Please change the correspondence address for the above-identified application to:☒ The address associated with
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OR

☐ Firm or
Individual Name

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Craig Freeman

Date

01/17/2008

Telephone

(951) 544-1619

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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